

INTERCHANGE

SOCIETY OF CRITICAL CARE ANESTHESIOLOGISTS

Volume 24 Number 4

Fall 2013

www.SOCCA.org

President's Column:

High on a Hill, San Francisco Calls to You



Brenda G. Fahy, M.D., F.C.C.M.

Please join fellow SOCCA members at the 26th Annual Meeting and Critical Care Update in San Francisco for a full day of educational updates and interactions with other SOCCA members on October 11, 2013. This year's meeting offers an exciting program, including current trends for ICU therapies: physiologic ICU goals, extracorporeal membrane oxygenation for respiratory failure and ideal resuscitation fluids. We will discuss practice opportunities for critical care in the private sector, and the afternoon session will focus on neurological issues in critically ill patients relevant to all providing critical care. Presentations will include important publications with translational care implications for the critically ill patient, and additional scientific presentations with moderated poster sessions given by experts in critical care who will provide a forum for interactions between experts in critical care

and attendees. In recognition of outstanding scientific work, an investigator will be awarded the Young Investigator Award. The SOCCA Lifetime Achievement Award will be conferred to a member who has dedicated his or her career to critical care anesthesiology.

The annual ASA Update, given by ASA President-Elect Jane C.K. Fitch, M.D., will occur during the SOCCA annual meeting. The ASA earlier this year notified all ASA-affiliated subspecialty organizations, including SOCCA,

quality improvements with specific commentary on information technology. In addition to the SOCCA annual meeting, SOCCA members will participate in many educational sessions during the ANESTHESIOLOGY™ 2013 annual meeting. A number of critical care anesthesiologists and SOCCA members have been key in organizing the critical care track to provide educational opportunities for the critical care practitioners and anesthesiologists managing the critically ill patient during the perioperative period.

Please join fellow SOCCA members at the 26th Annual Meeting and Critical Care Update in San Francisco on October 11, 2013.

that effective December 31, 2013, ASA would no longer provide management services. SOCCA leadership is currently seeking a strategic alliance that will continue to advance the mission of SOCCA, and we are excited about the potential for further advancing the society's mission that this change offers.

SOCCA will provide other offerings during the ANESTHESIOLOGY™ 2013 annual meeting. SOCCA will sponsor a fellowship directors' breakfast at the ASA meeting in which Dr. Douglas Coursin, the President of the American Board of Anesthesiology (ABA), will give an update, as well as further information on the ABA fellowship requirements for emergency physicians, which have been approved by the American Board of Medical Specialties. Another SOCCA educational offering is a subspecialty panel during the ANESTHESIOLOGY™ 2013 annual meeting, which will occur on Monday, October 14 from 7 to 8:15 a.m. focused on perioperative care. It will include discussion of a systems-based approach and successful

The official journal of SOCCA, *Anesthesia & Analgesia*, has appointed a SOCCA member as the new section editor for Critical Care, Trauma, and Resuscitation: Dr. Avery Tung. SOCCA recognizes Dr. Michael Murray for his service during his time as editor of the section. Please continue to submit your manuscripts, including reviews, to this critical care-oriented section of *Anesthesia & Analgesia*.

The SOCCA business meeting will discuss further the activities of the organization. There are plenty of exciting opportunities with SOCCA for those seeking more involvement. On behalf of SOCCA and the Board of Directors, I hope to see all of you at the SOCCA Annual Meeting in San Francisco this October!

CONTENTS

The Practical Advances in ECLS for Acute and Chronic Cardiac and Respiratory System Disease	3	Fellowship Review: Department of Anesthesiology at New York Presbyterian Hospital/Weill Cornell Medical Center	9
SOCCA 26th Annual Meeting And Critical Care Update: 2013 Program	5		
Expansion and Innovation at UAB	7		

MEMBERSHIP INFORMATION

E-mail

You may e-mail inquiries to SOCCA at:

General inquiries:

SOCCA@asahq.org

Meeting information:

SOCCAm meetings@asahq.org

Membership information:

SOCCAmembership@asahq.org

Membership

Membership in SOCCA is open to all anesthesiologists and residents in approved anesthesiology programs. Membership applications may be obtained by contacting SOCCA at (847) 825-5586 or through the SOCCA website at **www.SOCCA.org/membership.php**.

SOCCA Dues

Dues are \$150 for active members; \$100 for affiliate members and \$20 for residents/fellows. Dues may be paid online at **www.SOCCA.org/membership.php** by credit card or by mailing payment to the SOCCA office at 520 N. Northwest Highway, Park Ridge, IL 60068.

Remember, payment of your dues allows you to enjoy the full privileges of SOCCA membership.

Web Page

You may visit the SOCCA website at:

www.SOCCA.org

EDITORIAL NOTES

Editorial Policy

The opinions presented are those of the authors only, not of SOCCA. Drug dosages, accuracy and completeness of content are not guaranteed by SOCCA.

Editor

Liza Weavind, M.D.
Associate Professor
Director, Critical Care Fellowship
Department of Anesthesiology
Vanderbilt University Medical Center
Nashville, TN
liza.weavind@vanderbilt.edu

Associate Editor

Jordan E. Brand, M.D.
Attending Intensivist
Phelps Memorial Hospital Center
Sleepy Hollow, NY
Advanced ICU Care
New York, NY
jbrandmd@gmail.com

Editorial Board

Francis X. Dillon, M.D.
Elliot Fagley, M.D.
Caron Hong, M.D.
William T. O'Byrne III, M.D.
Kevin W. Hatton, M.D.
James A. Osorio, M.D.
Sadeq Quraishi, M.D.
Michael Woo, M.D.

A Note from the Editor to SOCCA Members:

If you would like to contribute a review for a Fellowship Program at your institution in a future issue of the SOCCA Interchange, please contact Chris Dionne at **c.dionne@asahq.org**.

The SOCCA Interchange is published by the Society of Critical Care Anesthesiologists, 520 N. Northwest Highway, Park Ridge, IL 60068-2573; (847) 825-5586.

The Practical Advances in ECLS for Acute and Chronic Cardiac and Respiratory System Disease



Kevin W. Hatton, M.D.
Associate Professor of Anesthesiology
and Surgery
University of Kentucky College of Medicine
Lexington, Kentucky

In recent years, extracorporeal life support (ECLS) has become an important tool for many intensivists to mitigate the systemic effects of severe (and/or end-stage) cardiac and pulmonary system disease while alternative solutions and administrative hurdles can be cleared. Initial work, particularly as a terminal or “last ditch” therapy for patients with acute respiratory distress syndrome (ARDS), failed to reduce mortality and was associated with significant morbidity. With the recent publication of several large case series and randomized control trials, ECLS has gained renewed attention for many critical care specialists, especially within the broader conversation surrounding regionalization of a number of expensive and resource-intensive therapies.¹⁻³

Improvements in Device Technology

Several recent advances in device technologies may help to explain the recent revival of ECLS.⁴ The development of high-efficiency, magnetically-driven centrifugal pumps offers a number of advantages over both the traditional motor and roller-driven pumps. These advantages include the delivery of increased flow rates, a reduction in the need for aggressive anticoagulation and an improvement in RBC hemolysis and thrombocytopenia. Advances in venous and arterial cannulae design and materials,

who have become accustomed to this sequence of events. Physical therapy with passive and/or active exercises designed to rebuild strength and coordination can also be initiated after only a few hours of ECLS, especially in patients with severe deconditioning from their chronic disease.⁵ Mobilization and the use of “normal” enteral nutrition utilizing a multidisciplinary team approach typically allows many of these patients to leave the intensive care unit to specialized step-down units while awaiting return of normal organ system function, additional device surgeries or transplantation.

Early extubation, mobilization and rehabilitation of patients with severe cardiac and respiratory system disease during ECLS has become the de facto standard in many centers that routinely utilize ECLS.

including the use of heparin-bonded tubings, have also facilitated improved outcomes and reduced complications during ECLS. Finally, the widespread use of a percutaneously-placed dual-lumen veno-venous cannula in severe respiratory system dysfunction has not only simplified the initial placement and initiation procedure for ECLS but has also allowed many centers to begin early extubation, mobilization and rehabilitation for these patients.

Improvements in Patient Care Goals

Early extubation, mobilization and rehabilitation of patients with severe cardiac and respiratory system disease during ECLS has become the de facto standard in many centers that routinely utilize ECLS. Extubation (or tracheostomy and ventilator separation) within a few hours of ECLS initiation is possible with a trained team led by specially trained intensivists that includes nurses and respiratory therapists

Improvements in Bridge and Destination Options

The development of smaller axial-flow ventricular-assist devices and total artificial heart devices have allowed patients with ECLS due to end-stage heart disease to have a host of bridge and destination therapies beyond the temporary use of ECLS.⁶ Also, the use of central ECLS cannulation (following midline sternotomy) allows ECLS to be used as a medium-duration bridge device (weeks to months) to allow patients to begin rehabilitation for end-stage heart failure, especially in the setting of right ventricular failure, before the placement of long-term bridge or destination device. Finally, many centers have become adept at heart, lung and heart-lung transplantation during ECLS, which may further increase the long-term options for these critically ill patients.

Continued on page 4

The Practical Advances in ECLS

Continued from page 3

Conclusion

Extracorporeal life support has resurfaced as a viable option for patients with end-stage respiratory and cardiac system disease. Several recent studies seem to suggest improved outcomes with ECLS compared to other treatment modalities. For many centers and critical care specialists that routinely utilize ECLS, the major reasons for the improvements in patient outcomes during ECLS appear to be related to improvements in device technology, patient care goals, and options for additional bridge and destination therapies. Additional published studies (many ongoing) may provide further support of this exciting technology.

References:

1. Peak GJ, Mugford, Tiruvoipati R, et al. Efficacy and economic assessment of conventional ventilatory support versus extracorporeal membrane oxygenation for severe adult respiratory failure (CESAR): a multicentre randomised controlled trial. *Lancet*. 2009;374(9698):1351-63.
2. Roch A, Lepaul-Ercole R, Grisoli D, et al. Extracorporeal membrane oxygenation for severe influenza A (H1N1) acute respiratory distress syndrome: a prospective observational comparative study. *Intensive Care Med*. 2010;36(11):1899-905.
3. Davies A, Jones D, Bailey M, et al. Extracorporeal membrane oxygenation for 2009 Influenza A (H1N1) acute respiratory distress syndrome. *JAMA*. 2009;302(17):1888-95.
4. Hayes D, Tobias JD, Kukreja J, et al. Extracorporeal life support for acute respiratory distress syndromes. *Ann Thorac Med*. 2013;8(3):133-41.
5. Turner DA, Cheifetz IM, Rehder KJ, et al. Active rehabilitation and physical therapy during extracorporeal membrane oxygenation while awaiting lung transplantation: a practical approach. *Crit Care Med*. 2011;39(12):2593-8.
6. Bakhtiary F, Keller H, Dogan S, et al. Venous arterial extracorporeal membrane oxygenation for treatment of cardiogenic shock: clinical experiences in 45 adult patients. *J Thorac Cardiovasc Surg*. 2008;145(2):382-8.
7. Haupt MT, Bekes CE, Brill RJ, et al. Guidelines on critical care services and personnel: Recommendations based on a system of categorization of three levels of care. *Crit Care Med*. 2003;31:2677-83.



SOCCA 26th Annual Meeting and Critical Care Update

Presented prior to **ANESTHESIOLOGY™ 2013**

October 11, 2013
Hyatt Regency San Francisco (Embarcadero Center)
San Francisco, California

Online Registration is available at www.SOCCA.org

SOCCA 26TH ANNUAL MEETING AND CRITICAL CARE UPDATE: 2013 Program

Friday, October 11, 2013

6:30 a.m. - 5:00 p.m.	Registration
7:30 - 8:00 a.m.	Continental Breakfast - Exhibits Open
8:00 - 8:05 a.m.	Welcome and Introduction Ronald Pauldine, M.D. Patricia Murphy, M.D.

Content Section I – “Plus Ca Change, Plus C’est La Meme Chose; Everything Old is New Again”

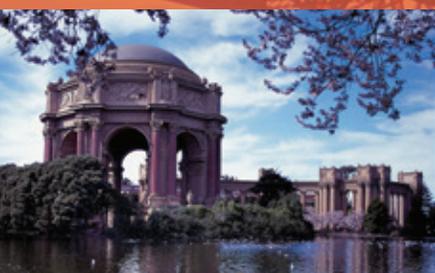
8:05 - 8:35 a.m.	Physiologic Goals in the ICU Brian P. Kavanagh, M.B.
8:40 - 9:10 a.m.	ECMO for Respiratory Failure Eddy Fan, M.D.
9:15 - 9:45 a.m.	What is the Ideal Resuscitation Fluid? Aryeh Shander, M.D.
9:50 - 10:10 a.m.	Break and Visit with Vendors

Content Section II - Off The Beaten Path: From Translational Concepts to Important Publications

10:15 - 10:30 a.m.	Inhaled Therapies for Solid Organ Transplantation John D. Lang, M.D.
10:35 - 10:50 a.m.	Vitamin D in Critical Care Sadeq Quraishi, M.D.
10:55 - 11:25 a.m.	Important Publications You Might Have Missed Miguel A. Cobas, M.D. - Moderator Daryl J. Kor, M.D.; Eliot Fagley, M.D.; Mark E. Nunnally, M.D.
11:30 - 11:35 a.m.	Introduction of ASA President Elect Brenda Fahy, M.D.
11:35 a.m. - 12:00 p.m.	ASA Update Jane C.K. Fitch, M.D. - ASA President-Elect
12:00 - 1:00 p.m.	Lunch and Presentation by Young Investigator Award Recipient <i>“The Generalizability of Randomized Controlled Trials in Critical Care Medicine”</i> Recipient: Ryan M.J. Ivie, M.D.

Continued on page 6

SOCCA 26TH ANNUAL MEETING AND CRITICAL CARE UPDATE



Annual Meeting Learning Objectives

At the conclusion of this activity the participant should be able to:

- Explain the potential pitfalls of targeting normal physiologic goals in all patients in the intensive care unit.
- Discuss the application and outcome data for the use of extracorporeal life support in patients with acute respiratory failure.
- Debate the relative advantages and disadvantages for the use of different types of intravenous fluids in the resuscitation of critically ill patients.
- Examine new therapeutic techniques for improved outcome following solid organ transplantation.
- Appraise emerging information on the significance of vitamin D in the care of the critically ill and injured.
- Review recent publications of interest to the practicing intensivist.
- Describe opportunities for and barriers to critical care anesthesiologist practice outside of the academic medical center.
- Analyze controversies in the management of patients following cardiac arrest.
- Evaluate the role of multimodal monitoring in the care of patients with neurologic disease and injury.

SOCCA 26TH ANNUAL MEETING AND CRITICAL CARE UPDATE: 2013 Program

Content Section III - The Critical Care Anesthesiologists Beyond the Ivory Tower

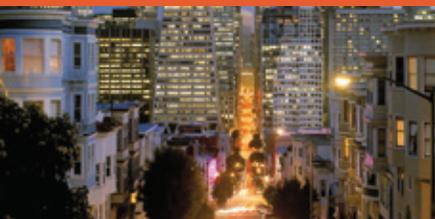
- 1:05 - 2:10 p.m. **Realities of Critical Care in Private Practice**
Eugene Cheng, M.D. – Panel Chair
Kaiser Permanente Northern California
- Steve Deem, M.D.
Physicians Anesthesia Service
and Swedish Medical Center
- Jordan Brand, M.D.
Consultant NYC
- Christofer D. Barth, M.D.
Aurora Health Care
- 2:15 – 2:30 p.m. **SOCCA-FAER-Hospira Physician Scientist Award Lecture**
“The Role of Digestive Enzymes in Circulatory Shock”
Erik Kistler, M.D., Ph.D.
- 2:35 - 3:15 p.m. **Moderated Poster Session**
- 2:35 - 3:15 p.m. **Break and Vendor Visits**
- 3:20 - 3:50 p.m. **Presentation by Lifetime Achievement Award Recipient**
“Four Things I Thought I Knew ...”
Charles G. Durbin, Jr., M.D.

Content Section IV – Controversies in Neurological Care in the Intensive Care Unit

- 3:50 - 4:20 p.m. **Controversies in Post-Resuscitation Care After Cardiac Arrest**
Andrea Gabrielli, M.D.
- 4:25 - 4:50 p.m. **Update on Neuromonitoring: Emerging Technology, Does It Matter?**
Lori Shutter, M.D.
- 4:55 - 5:00 p.m. **Closing**
- 5:00 - 5:45 p.m. **SOCCA Annual Business Meeting**
- 5:45 - 7:00 p.m. **Welcome Reception**



Hyatt Regency San Francisco (Embarcadero Center)
5 Embarcadero Center ■ San Francisco, CA 94111
Phone: (415) 788-1234



The host hotel for the SOCCA 26th Annual Meeting and Critical Care Update is the Hyatt Regency San Francisco (Embarcadero Center). The hotel is located one mile from the Moscone Convention Center. **Please secure your guest room, airline, and rental car reservations at <http://www.asahq.org/Annual-Meeting/Registration-Housing-and-Travel/Housing.aspx>.**

Expansion and Innovation at UAB



*William T. O'Byrne III, M.D.
Assistant Professor
Department of Anesthesiology
Division of Critical Care and
Perioperative Medicine
UAB Hospital
Birmingham, Alabama*

The Anesthesiology/Critical Care Medicine fellowship at the University of Alabama at Birmingham (UAB) is at the epicenter of a rapidly growing and cutting-edge critical care enterprise. While UAB Critical Care has always excelled in education and clinical training, we have created new opportunities for fellows to gain invaluable knowledge and experience in a variety of areas. Additionally, as of academic year 2013, we have expanded our number of positions to five from three, allowing us to give fellows more scheduling flexibility and learning opportunities.

Since the late 1990s, the Department of Anesthesiology has had primary directorship of the Surgical Intensive Care unit, a 20-bed facility that opened in 2004 during UAB's North Pavilion expansion, which made it the fourth largest hospital in the United States. The SICU serves not only the citizens of Birmingham and Alabama, but patients from the Southeast

region and far beyond. The SICU team is a multidisciplinary collaboration between various surgical services, Neurology and Obstetrics. The SICU faculty is dedicated to fellows' education, research, and clinical maturity. Following the mantra of "high tech, high touch", the SICU faculty and staff have received many accolades for unique, patient-centered initiatives. For example, the faculty and nurses have collaborated on the "Communicares" project, which uses donated tablet computers and other similar devices to assist patients who are mechanically ventilated and their families to write notes, play mind-challenging games or even email friends. This is but one example of UAB's leading-edge approach to patient- and family-centered care.

around the U.S. as it continually expands to become a national leader in neurosciences.

With the increase in the fellow complement as of July 2013, UAB critical care fellows will rotate in the Cardiac Surgery Intensive Care Unit (CICU). The CICU consists of 24 beds, and the faculty and staff work collaboratively with UAB's Heart and Vascular Center, the Advanced Heart Failure Center, and the heart and lung transplantation programs to provide highly complex, patient-oriented care. Advanced and leading therapies, including destination VAD therapy and the Novalung® device that allows for oxygen and carbon dioxide gas exchange to occur by simple diffusion. It has been used in patients with severe acute lung failure due to ARDS, but also as a bridge to

Fellows who select a rotation at the UABPSH will gain invaluable experience in a setting that is at the forefront of anesthesiology and critical care medicine.

As of the writing, we are pleased to announce the expansion of the Neurosciences Intensive Care Unit (NICU) and the opening of our new Neurology/Neurosurgery intermediate care unit. The Neurocare ICU service is staffed by anesthesiologists/intensivists who have specialized training in the intricacies of neurosurgical and neurologic diseases and employ the latest technologies to treat them. They work very collaboratively with the departments of Neurosurgery and Neurology to deliver the highest possible quality of care. Fellows who rotate in the NICU will learn from some of the best minds in the field. For example, we have been privileged to welcome Dr. Kenneth Smithson to the faculty, a highly-regarded specialist in neuro-intensive care who has elevated our practice and receives extremely high evaluations from fellows and residents. UAB Neurosciences continues to actively and successfully recruit faculty from

lung transplantation. Furthermore, the CICU faculty composed of anesthesiology and surgery intensivists has developed a robust and dynamic curriculum designed to maximize learning and also allow for detailed bedside teaching and acquisition of valuable procedural skills.

One of the most valued clinical and educational experiences at UAB is the pediatric intensive care unit rotation at Children's of Alabama (COS), the state-of-the-art Benjamin Russell Hospital for Children, which opened in August 2012 and is the third largest hospital for children's quaternary care facility in the country. UAB critical care fellows have consistently ranked the faculty as among the best for their dedication to patient care and fostering a rich learning environment. COS critical care patients include those who required solid organ transplantation and repair of severe congenital

Continued on page 8

Expansion and Innovation at UAB

Continued from page 7

heart defects, as well as critically ill children from across the country. The new facility has a general critical care unit in addition to one especially for cardiovascular patients. Also, COS has a robust simulation program, adding to an unparalleled learning experience.

Saving the best for last, we are very excited to announce that UAB has formed a perioperative surgical home at our UAB Highlands facility. The UAB Perioperative Surgical Home (UABPSH) physicians provide critical care to both medical and surgical patients as well as comprehensive care for general orthopedic and surgical patients on the inpatient ward. In a recent peer-reviewed publication, UAB's Dr. Thomas Vetter and colleagues explain that, "the UAB PSH model seeks to integrate

the three well-recognized but frequently fragmented preoperative, intraoperative, and postoperative phases of patient care. It is fundamentally based on the anesthesiologist serving as the surgical patient's primary "perioperativist,"¹ who provides a seamless continuity of current best practices of care, while actively engaging the patient, family and other health care providers."² Fellows who select a rotation at the UABPSH will gain invaluable experience in a setting that is at the forefront of anesthesiology and critical care medicine. The UABPSH will elevate our practice and make the perioperativist indispensable to surgical care and will likely be a practice model that other similar institutions will emulate.

UAB's fundamental goal is to be the preferred academic medical center for patients and their families. Our growth and forward-

thinking approach to the challenges and opportunities for the future will give our fellows a distinct advantage as our practice evolves.

References:

1. Vetter TR, Ivankova NV, Pittet JF. Patient Satisfaction with Anesthesia: Beauty Is in the Eye of the Consumer. *Anesthesiology* 2013.
2. Vetter TR, Goeddel LA, Boudreaux AM, Hunt TR, Jones KA, Pittet JF. The Perioperative Surgical Home: how can it make the case so everyone wins? *BMC Anesthesiol* 2013;13:6.



Fellowship Review

Department of Anesthesiology at New York Presbyterian Hospital/ Weill Cornell Medical Center



*James Osorio, M.D.
Assistant Professor of Clinical Anesthesiology
Program Director Critical Care Medicine
Department of Anesthesiology
New York Presbyterian Hospital
Weill Cornell Medical Center*

The Department of Anesthesiology at the New York-Presbyterian/ Weill Cornell Medical Center is pleased to announce the establishment of an ACGME-accredited Anesthesiology Fellowship in Critical Care Medicine. This one-year training program, based on the ACGME guidelines for fellowship training and the institution's accreditation equivalency requirements, is approved for three fellows per year. The program is designed to prepare fellows to become specialists in critical care with a broad knowledge base involving all aspects of management of critically ill patients. Fellows will work in concert with specialists on the patient care team in the cardiothoracic, surgical, medical and burn intensive care units, neuroscience care unit and pediatric

intensive care unit. The program will provide the resources necessary to facilitate clinical practice, teaching, administration and research required for successful fellows as they become leaders in the field of critical care medicine.

The Cardiothoracic Intensive Care Unit (CTICU) and Surgical Intensive Care Unit (SICU) at New York-Presbyterian Hospital/ Weill Cornell Medical Center (NYPH-WCMC) compose the core training sites for fellows. In the CTICU, fellows will be exposed to a broad scope of cardiovascular pathology and will gain experience in managing the care of patients following high-risk thoracic aortic surgical procedures, complex valvular

learn principles of hyperbaric oxygen therapy in the management of burn patients.

The Medical Intensive Care Unit (MICU), the Pediatric Intensive Care (PICU) unit and the Neuro-Intensive Care Unit offer additional experience in the medical and postoperative management of adult and pediatric patients.

The curriculum is designed to guide fellows through increasing levels of responsibility and independent practice under the supervision of an exceptional fellowship faculty. The critical care teams are directed by attending intensivists from Anesthesiology Critical Care, Surgery Critical Care, Medicine Critical Care and Pediatric Critical Care. The critical

This one-year training program, based on the ACGME guidelines for fellowship training and the institution's accreditation equivalency requirements, is approved for three fellows per year.

and revascularization procedures, as well as patients with ventricular-assist devices and patients on ECMO.

In the SICU, fellows will be exposed to a wide range of general surgical, vascular and urologic pathology. In addition, there is a well-established renal transplant program and growing liver transplant program. A very busy high-risk labor and delivery service at the NYPH-WCMC offers a unique opportunity to provide perioperative care for complex obstetric patients. Combined, the CTICU and SICU admit approximately 2,000 patients per year.

The fellowship program is unique in having the busiest burn management unit in the tri-state area, with more the 1,200 admissions annually. This distinctive rotation will prepare fellows to manage single and multisystem organ failure in burn patients. Additionally, fellows will

care fellows will work closely with consultant colleagues from all fields of medicine and will be strongly supported by a team of exceptionally capable nurses, respiratory therapists, clinical pharmacists, nutritionists, physical and occupational therapists and speech pathologists. This staffing model allows each fellow to be immersed in a multidisciplinary environment throughout the year-long fellowship. Fellows will be directly involved in the supervision and teaching of residents, medical students and physician assistants.

Fellows will spend four months in the CTICU and two months in the SICU. Other rotations are one month in duration. Fellows will spend two months on an elective of their choice and

Continued on page 10

Department of Anesthesiology at New York Presbyterian Hospital/Weill Cornell Medical Center

Continued from page 9

have 26 days, averaged one day a week over six months, to complete ongoing academic projects. Fellows are encouraged to design their own electives to fit their specific interests or future career goals. Faculty mentors will assist in this process. The NYPH-WCMC community has vibrant research programs, including basic science, and clinical and translational research. Several faculty members have particular interests in quality improvement projects. Fellows will be encouraged to participate in ongoing research projects and pursue their own interests during fellowship training.

Please share this information with your residents. Interested candidates should send inquiries by e-mail to:

jao2002@med.cornell.edu

(James A. Osorio, M.D.)

Program Director

keb2011@med.cornell.edu

(Keisha M. Brown)

Fellowship Program Coordinator

All positions are filled for academic year 2014-15.

We will be accepting applications for academic year 2015-16 from September 2013 through January 2014.

Assess Your Knowledge in Critical Care with **SAM-CC**

MOC

ASA is here to help you fulfill MOCA® requirements.

Designed to help physicians demonstrate their commitment to quality clinical outcomes and patient safety, ASA's MOCA® products and activities are a simple click away – education.asahq.org/moca.

NEW

SELF-ASSESSMENT MODULE **SAM** • **CC** CRITICAL CARE

SAM-CC is a new self-study CME program that covers established knowledge in the subspecialty field of critical care medicine.

SAM-CC helps satisfy the Part 2 Self-Assessment CME component of MOCA® and features:

- 100 questions and answers
- detailed discussions explaining the rationale for each answer and references for further study
- online access at your convenience
- up to 30 **AMA PRA Category 1 Credits™**
- plus much more...

This program was developed through a partnership between:



To learn more and order your module today, visit education.asahq.org/samcc or for questions, call (847) 825-5586

Accreditation and Credit Designation

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this enduring material for a maximum of 30 **AMA PRA Category 1 Credits™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.